PTO/S8/01 (10
Approved for use through 10/31/2002. OMB 0651-0
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control num

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Nun	nber	A1-1423			
		First Named Invento	7	Douglas	Ray Sparks		
		COMPLETE IF KNOWN					
		Application Number		•	·		
Declaration	Declaration Submitted after Initial Filing (surcharge	Filing Date					
Submitted OR		Art Unit					
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As the below named inventor, I her	eby declare that:			· · · · · · · · · · · · · · · · · · ·			
My residence, mailing address, and ci I believe I am the original and first invo	itizenship are as stated belov		sh a pa	tent is sougl	nt on the invention entitle		
MICROMACHINED LYS	ING DEVICE AND	METHOD FOR P	ERF	ORMING	G CELL LYSIS		
	(Title of the In	vention)	· · · ·				
the specification of which	(Tiue of alle lift	Variatiny					
is attached hereto							
OR F							
was filed on (MM/DD/YYYY)		as United States A	pplicat	ion Number	or PCT International		
L							
Application Number	and was amende	d on (MM/DD/YYYY)			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the U States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which prior claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	1	riority Claimed	Certified Copy Attact YES NO		
		-					
Additional foreign application nu	mbers are listed on a supple	mental priority data sheet I	PTO/SI	B/02B attact	ned hereto:		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any committee amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washingt 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTC/SB/01 (*
Approved for use through 10/31/2002. CM8 0651
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMI
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid CM8 control m

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer I or Bar Cod		OR [Correspondence address belo				
27127 PATENT_TRADEMARK OFFICE							
Address							
City	· · · · · · · · · · · · · · · · · · ·	State	ZIP				
Country	Telephone		Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and beli are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like a made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize to validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Douglas Ray (first and middle [if any])		Family Name or Surname					
Inventor's Douglas Ray Sarbs_ Date 212 8102							
Whitmore Lake	MI	US	US				
Residence: City	State	Country	Citizenship				
Malling Address 9024 Posey Or.							
on Whitmore Lake	State M\	ZP 4818°	Country US				
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this un	signed inventor				
Given Name (first and middle [if any])		Family Name or Surname					
inventor's Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
							
City	State	ZIP	Country				
Additional inventors are being named on the	supplemental Additi	onal inventor(s) sheet(s) PT	O/SB/02A attached hereto.				

Please type a plus sign (+) inside this box Under the Paperwork Reduction Act of 1995, no persons are required to re-	U.S. Patent and Trades	PTO/SB/81 (02-01) oved for use through 10/31/2002. OMB 0651-0035 mark Office; U.S. DEPARTMENT OF COMMERCE action unless it display a valid OMB control number.		
	Application Number			
1	Filing Date			
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	First Named Inventor	Douglas Ray Sparks		
	Title	MICROMACHINED		
	Group Art Unit			
	Examiner Name			
· ·	Attorney Docket Numi	ber A1-1423		
I hereby appoint: Practitioners at Customer Number OR Practitioner(s) named below:	,	Lebelle 27		
Name		Registration Number		
L				

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all

business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

Practitioners at Customer Number

OR

Address Address City

Country Telephone

Individual Name

| I am the:
| X | Applicant/Inventor. | Assignee of record of the entire interest. See 37 CFR 3.71.
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

| SIGNATURE of Applicant or Assignee of Record
| Name | Douglas Ray Sparks
| Signature | Douglas Ray Sparks
| Signature | Douglas Ray Sparks
| Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.
| I Total of | One | forms the submitted.

State

Fax

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, C 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Place Customer Number Bar Code

Label here